

**Special Committee on Aging**  
***Ageism in the Health Care System:  
Short Shrift for Seniors?***

**May 19, 2003**

**OPENING STATEMENT  
of  
Senator John Breaux**

I believe this Committee has the unique responsibility to defend America's seniors. As we prepare for the pending wave of 77 million aging baby boomers, our responsibility is to help this country re-think and re-define how we age. Outdated thinking about aging leads to outdated public policies and public health risks. Today's hearing is important, not just because seniors are falling through the cracks in our health care system, but because it serves as a brutal reminder of how just how present ageism is in our country. We must rethink our attitudes and policies toward the elderly.

Too many people assume that since seniors have Medicare – their own health care system – their health care needs are being met. I have said time and again that Medicare is broken. In addition to the antiquated nature of the program, the system designed to care for our seniors also discriminates against them. Part of this discrimination is due to the lack of doctors, pharmacists, physical therapists or mental health professionals trained in geriatrics, but another reason is the underlying age bias in modern medicine. We all know the stereotypes about seniors, that, "They're difficult." "They're going to die anyway." "Old geezers."

This afternoon we're going to explore the ageism bias in health care or, as I refer to it, "medical ageism." Across the spectrum of the U.S. health care system is a potential to save more lives, save millions in health care dollars, increase access to better health care and to improve the quality of life of seniors by removing this systemic bias from our health care system. This Committee has looked at the entire health care system and identified specific areas where medical ageism exists – in mental health, preventive health screenings, clinical trials, and treatment for hospital-borne infections.

For example, cancer continues to be the second leading cause of death. Nearly 80 percent of all cancers are diagnosed at ages 55 and older, yet most people do not receive the screening tests they should. In fact, only one in ten seniors are up to date in their preventive Medicare screenings. In contrast, 95 percent of five year-olds are up-to date on their immunizations because we conduct immunization programs and run major public awareness campaigns. Why not try something similar for seniors?

While the FDA now mandates children be included in clinical trials for new prescription drugs, seniors are almost always left out. This is ironic because the average 75-year-old has three chronic medical conditions and regularly uses about five prescription drugs. Changes with aging can also alter how the body metabolizes, absorbs and clears these drugs from the body.

Though much progress has been made to eradicate the stigma and shame of mental illness, seniors have been left behind. Older Americans have the highest suicide rate in America – a rate four times the national average. Many assume that symptoms of depression are a part of the normal aging process, but they are not. In fact, over 70 percent of suicide victims saw their doctor within one month of their suicide, but were not treated or referred for treatment for their depression. Our health care system simply failed them.

We found an age bias in so many aspects of our health care system, that this hearing can not address it all. Today is just the beginning. I plan to further investigate areas where medical ageism exists and to use this Committee to highlight these areas over the next few months.

Just the other day, I learned of a terrible case of an elderly woman in Louisiana who died from oral neglect. Why? Because no one bothered to look in her mouth. Gum disease is treatable -- not a death sentence for the elderly. I was astonished to learn of numerous other egregious cases just like this. Apparently, many do not see dental care for the elderly as a priority. Again, many question why we should bother with trivial things like a dental cleaning, claiming it is too late for seniors. But oral disease can seriously compromise the general health of seniors and place them at increased risk for infection.

I want to thank our witnesses for being here today and I look forward to their testimony.